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DATE: November 30, 2005

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TO: United States Patent and Trademark Office  
COMPANY: Examiner Richard R. Shaffer, Art Unit 3733FAX NUMBER: 571-273-8300  
PHONE NUMBER:

FROM: Douglas A. Collier

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RE: Response to Restriction Requirement, Serial No. 10/631,241 to J. Kenneth Burkus et al.

COMMENTS: I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office at 571-273-8300 on:

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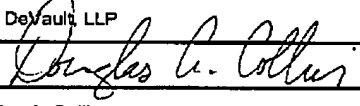
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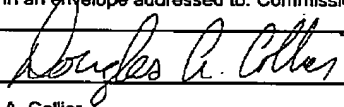
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/631,241
	Filing Date	July 31, 2003
	First Named Inventor	J. Kenneth Burkus
	Art Unit	3733
	Examiner Name	Richard R. Shaffer
	Attorney Docket Number	MSDI-132/PC361.16
Total Number of Pages in This Submission	3	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Krieg Devault, LLP		
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Printed name	Douglas A. Collier		
Date	November 30, 2005	Reg. No.	43,556

CERTIFICATE OF TRANSMISSION/MAILING			
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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re patent application of:	)	Before the Examiner:
J. Kenneth Burkus et al.	)	Richard R. Shaffer
	)	
Application Serial No. 10/631,241	)	Group Art Unit: 3733
	)	
Filed: July 31, 2003	)	Ref. No.: MSDI-132/PC361.16
	)	
METHODS AND INSTRUMENTATION	)	November 30, 2005
FOR VERTEBRAL INTERBODY FUSION)	)	

**RESPONSE TO RESTRICTION REQUIREMENT UNDER 35 U.S.C. § 121**

Commissioner for Patents  
P.O. Box 1450  
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Sir:

In response to the Restriction Requirement dated October 31, 2005, please enter and consider the following remarks. No extensions of time or fees are believed due. However, please provide any extensions of time that may be necessary and charge any fees which may be necessary to Deposit Account No. 12- 2424, but not to include any payment of issue fees.

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Name of Registered Representative

*Douglas A. Collier*  
Signature

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Date of Signature

Response to Restriction Requirement  
Serial. No. 10/631,241  
Atty. Docket No. 4002-3366/PC361.16  
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